

**NEVADA DEPARTMENT OF AGRICULTURE
FOOD & NUTRITION DIVISION-DAIRY
405 S. 21ST. STREET
SPARKS, NEVADA 89431
OFFICE (775) 353-3605
FAX (775) 353-3749**

Confirmation Location _____	Date ____/____/____ Time ____ : ____ am/pm	Owner of Milk _____ _____	Route or Load # _____ _____
Laboratory ID# _____	Test Method Used _____ _____	Lot Number of Test Kit _____ Expiration Date ____/____/____ Prepared Date ____/____/____	Regulatory Agencies Notified Date ____/____/____ Time ____ : ____ am/pm Date ____/____/____ Time ____ : ____ am/pm

CONFIRMATORY POSITIVE DRUG RESIDUE TEST REPORT

RECEIVED	Date: ____/____/____	Time: ____ : ____ am/pm	Temp. : _____ °C.
TESTED	Date: ____/____/____	Time: ____ : ____ am/pm	Temp. : _____ °C.

CONFIRMATORY TESTING INFORMATION TEST RESULTS

Sample No.	Producer ID No.	Results/Intrep. (# color/Intrep.)	Test Information
			Control Point _____
			Controls
			Positive Results _____
			Negative Results _____
			Positive Producer (s)
			One Result (Only)

CERTIFIED INDUSTRY SUP. SIGN. _____ **DATE** _____

A COPY OF THE PRESUMPTIVE/SCREEN TEST MUST ACCOMPANY THIS REPORT AND BE MAILED TO THE DAIRY COMMISSION WITHIN 48 HOURS OF CONFIRMATION ANALYSIS. A COPY MUST BE KEPT ON FILE AT THE CONFIRMATION LOCATION.